



408 N SPOKANE STREET
POST FALLS, ID 83854
208-773-3511 Fax 208-457-8362

CITIZEN CLAIM FOR DAMAGE OR INJURY

(NOTE: It is a requirement that this form, if used, be presented to and filed with the City Clerk. This form is being provided as a courtesy to assist you in filing your claim. Providing this form to you is not an admission nor shall it be construed to be an admission of liability or an acknowledgment of the validity of a claim by the City of Post Falls or any other person representing the City of Post Falls. Legal requirements for filing claims can be found in Title 6, Chapter 9, Idaho Code. All claims must be filed promptly, in writing.)

Name: _____
Current Address: _____
Phone: (home): _____ (work) _____ (other) _____

Date damage or injury occurred: _____ Time: _____ a.m. p.m.
Location of occurrence: _____

Non-City Owned Property/Vehicle Damage Information

Property (address or description): _____

Vehicle Year _____ Make _____ Model _____
Vehicle License No. _____ VIN : _____
Driver of vehicle: _____ Driver's Lic. No. _____
Address: _____
Phone: (home) _____ (work) _____ (other) _____
Vehicle owner name (if different from driver): _____
Address: _____
Phone: (home) _____ (work) _____ (other) _____
Describe how damage or injury occurred: _____

You may include additional sheets if more space is required. Attach any other information or documentation you desire.

Personal Injury

Was there personal injury: No Yes

If yes, provide description of injury: _____

Did not seek medical treatment at this time.

Sought medical treatment.

Name of physician _____

Name & address of medical facility _____

Witnesses or passengers

Name: _____ Phone: _____

Address: _____

Description of injury: _____

Name: _____ Phone: _____

Address: _____

Description of injury: _____

Police Report

Was there a police Investigation? No Yes

If yes: Police agency: _____ Investigating Officer: _____

Police Report No. _____ Were there charges Yes No

If yes, what were the charges and against whom? _____

Ongoing investigation (specify): _____

I hereby make a claim against the City of Post Falls, a public entity, for property damage in the amount of \$_____ **Include 3 estimates, if repairs are part of your claim.**

Personal injury in the amount of \$_____ **Include copies of medical treatment receipts.**

Total claim \$_____

I hereby certify that I have read the above information and it is true and correct to the best of my knowledge.

Date: _____ Signature: _____

Forwarded to ICRMP

Date _____ By _____